OFFICER EVALUATION REPORT SUPPORT FORM  For use of this form, see AR 623-105; the proponent agency is ODCSPER							
Read Privacy Act Statement on Reverse before Completing this form							
	PART I - RATED						
NAME OF RATED OFFICE	ER (Last, First, MI)	RANK	ORGANIZATI	ON			
RATER	PART II - RATING CHAIN - YOUR RA		FOR THE EV RANK	ALUATION PERIOD IS: POSITION			
INTERMEDIATE RATER	NAME		RANK	POSITION			
SENIOR RATER	NAME		RANK	POSITION			
PART III - VERIFICATION OF FACE-TO-FACE DISCUSSION							
MANDATORY RATER / RATED OFFICER INITIAL FACE-TO-FACE COUNSELING ON DUTIES, RESPONSIBILITIES AND PERFORMANCE OBJECTIVES FOR THE CURRENT RATING PERIOD TOOK PLACE ON (Date) Rated Officer Initials Rater Initials Senior Rater Initials (Review)							
PERIODIC RATER / RATED OFFICER FOLLOW-UP FACE-TO-FACE COUNSELINGS:							
	Dates Rated	Officer Initia	ıls	Rater Initials	Senior Rater Initials (Review)		
PART IV - RATED OFFICER (Complete a, b, and c below for this rating period)							
PRINCIPAL DUTY TITLE POSITION AOC / BR							
a. STATE YOUR SIGNIFICAN	T DUTIES AND RESPONSIBILITIES						
b. INDICATE YOUR MAJOR I	PERFORMANCE OBJECTIVES						

c. LIST YOUR SIGNIFICANT CONTRIBUTIONS	
SIGNATURE AND DATE  PART V - RATER AND/OR INTERMEDIATE RATER (Review and comment on Part IVa, b, and c above).	
Insure remarks are consistent with your performance and potential evaluation on DA Form 67-9	
a. RATER COMMENTS (Optional)	
SIGNATURE AND DATE (Mandatory)	
b. INTERMEDIATE RATER COMMENTS (Optional)	
SIGNATURE AND DATE (Mandatory)	
SIGNATURE AND DATE (Mandatory)  DATA REQUIRED BY THE PRIVACY ACT (U.S.C. 552a)	
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